### LGBTQI2-S TAY SAFE AND WELCOMING ENVIRONMENT TRAINING: CLINICAL

DATE & TIME: April 12, 2016 9:00 AM - 4:00 PM

All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.

PLACE: St. Anne's Maternity Home

155 N. Occidental Blvd. Los Angeles, CA 90026

**Foundation Room** 

PARKING: \$4 Valet Parking Free Street Parking

### **DESCRIPTION:**

The Ad Hoc Steering Committees for the MHSA PEI Plan suggested a need for more integrated services for the LGBTQI2-S population and training of the workforce on the unique issues of stigma and discrimination faced by this population. LGBTQI2-S youth are at-risk for poor outcomes (involvement in the legal system, hospitalization, homelessness) due to stigma and rejection. It is critical that LGBTQI2-S youth develop healthy identities and self-empowerment. Negative outcomes may be reduced with education and trainings on issues affecting LGBTQI2-S youth and supports from the community and caregivers. The LGBTQI2-S TAY Safe and Welcoming Environment Training: Clinical will focus on creating safe, welcoming, and affirming environments while addressing barriers to mental health service delivery for LGBTQI2-S TAY. The goal is to assist directly operated and contracted mental health providers in recognizing clinical issues that affect LGBTQI2-S youth and strategies to removing barriers to mental health treatment.

**TARGET AUDIENCE: DMH Employees and contractors** 

**OBJECTIVES:** As a result of attending this training, participants should be able to:

- 1. Identify LGBTQI2-S mental health disparities and service gaps.
- 2. Identify LGBTQI2-S youth cultural and unique challenges in accessing mental health services.
- 3. Describe LGBTQI2-S terminology and definitions.
- 4. Identify LGBTQI2-S youth clinical engagement strategies.
- 5. Identify LGBTQI2-S TAY clinical and treatment implications.
- 6. Identify LGBTQI2-S affirming practices.

CONDUCTED BY: Jennifer Lingenfelter, PsyD

COORDINATED BY: Sermed Alkass, PsyD, email : <u>SAlkass@dmh.lacounty.gov</u>

DEADLINE: April 8, 2016

CONTINUING EDUCATION:

COST: NONE

| DMH Employees register at:<br>http://learningnet.lacounty.gov |                 | Contract Providers complete attached training application |                        |           |
|---|-----------------|---|------------------------|-----------|
| Cultural Competency   | ☐ Pre-licensure | Law and Ethics  | ☐ Clinical Supervision | ☐ General |



## **County of Los Angeles Department of Mental Health**

# NON-DMH STAFF TRAINING APPLICATION FORM



## **Please Print or Type**

#### **Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at <u>lacdmh.lacounty.gov/training&workforce.html</u>.

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|---|------|--|----------------------------|--|--|--|
| Training Title (as in DMH bulletin) LGBTQI2-S TAY SAFE AND WELCOMING ENVIRONMENT TRAINING: CLINICAL |      |  |                            |  |  |  |
| Date(s) APRIL 12, 2016  |      | Training Coordinator: SERMED ALKASS    |                            |  |  |  |
| County Employee Number  |      |  |                            |  |  |  |
| (non-county employees supply the last four digits of the SSN)                                       |      |  |                            |  |  |  |
| Name  |      |  |                            |  |  |  |
| Program, Service or<br>Agency   |      |  |                            |  |  |  |
| Job Title   |      |  |                            |  |  |  |
| Address   |      |  |                            |  |  |  |
| City  |      | _                                      | Zip Code                   |  |  |  |
| Telephone   |      | Email                                  |                            |  |  |  |
| License or Credential Number(s) (complete as many as applicable)                                    |      |  |                            |  |  |  |
| CAADAC  | LCSW | LPT                                    | LVN                        |  |  |  |
| MD  | MFT  | Psychologist                           | RN                         |  |  |  |
| Supervisor's Approval (Applications will not be processed if not signed by supervisor)              |      | For processing, please return          | n Application to:          |  |  |  |
| Print Supervisor Name   |      |  |                            |  |  |  |
|   |      | Fax:                                   |                            |  |  |  |
|   |      | Phone:                                 |                            |  |  |  |
| Supervisor's Signature  |      | Email: <u>SAlkass@dmh.lacounty.gov</u> |                            |  |  |  |
|   |      | (When faxing, there is no              | need to use a cover sheet) |  |  |  |

Revised: 01/2016